

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/585,993</i>	FILING DATE
							APPLICANT(S)	

  

CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>4</i>	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	<i>4</i>	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	<i>8</i>						TOTAL CLAIMS						

  

PTO - 1360 (REV. 04/2007)

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